



Guidelines for Physician Supervision of Physician Assistants

Introduction

Since Arizona established the Physician Assistant Practice Act (the Act) in 1973, the physician assistant practice in the community has evolved extensively. The notion of a PA working alongside a single physician in a private office has given way to PAs working with multiple physicians in large group practices, in busy emergency departments, or alone in an office separate from the physician's primary office. Interpreting and applying the Act in this ever-evolving environment requires balancing the need for the evolution of safe healthcare practices with the requirement to maintain proper oversight of the profession.

In analyzing the Act and the evolving community practices, the Arizona Medical Board (AMB) and the Arizona Regulatory Board of Physician Assistants (ARBOPA) identified seven areas of common misconceptions and concerns:

- I. The legal requirements for physician assistants to perform healthcare tasks;
- II. The meaning of the physician assistant's dependent relationship with a supervising physician;
- III. The role of the Notice of Supervision in establishing the physician assistant's practice parameters;
- IV. The supervising physician's responsibility for physician assistant supervision;
- V. The limited role of a supervising physician's agents in supervising physician assistants;
- VI. The context of the weekly meetings; and
- VII. The supervising physician and physician assistant's employment and business relationships.

Guidelines for Physician Supervision of Physician Assistants' Practices

I. The Legal Requirements for a Physician Assistant to Perform Health Care Tasks:

In order for a physician assistant (PA) to perform healthcare tasks, the PA must hold a valid Arizona PA license¹; possess an ARBOPA approved Notice of Supervision form (NOS); and have an ARBOPA approved supervising physician (SP) immediately available for supervision at all times while the PA performs healthcare tasks. (A SP is not required to be physically present if the SP can be easily in contact with the PA by radio, telephone or telecommunication).

II. The Meaning of a Physician Assistant's Dependent Relationship with a Supervising Physician:

The Act prohibits PAs from practicing independently. A PA's ability to perform healthcare tasks is dependent on the PA establishing and maintaining a relationship with a SP. To establish this necessary dependent relationship, the PA must submit a notice of supervision to ARBOPA for approval.

All PAs must ensure that every patient he/she treats is a patient of either the SP or a physician approved by ARBOPA as the SP's agent (SPA). It is unreasonable to assume; however, that every patient the PA sees will have previously established a physician-patient relationship with either the SP or SPA. In the modern medical practice setting, patients routinely see a PA on their first visit to a practice setting before seeing a physician. In these instances, the PA's treatment of a patient creates the physician-patient relationship between the SP and the patient unless the PA identifies either another SP or an SPA in the patient's chart. The PA's treatment also creates a provider-patient relationship between the PA and the patient.

¹ An Arizona license is required unless a PA is licensed in another state and is employed by the Federal Government and works on land or in facilities owned or operated by the United States Government. *See* A.R.S. § 32-2521(B)(3).

III. The Role of the Notice of Supervision in Establishing the Physician Assistant's Practice Parameters:

Prior to performing healthcare tasks, the physician and PA must submit a notice of supervision form to ARBOPA for approval. The physician and PA must carefully complete the notice of supervision because it establishes the parameters of the PA's ability to provide healthcare tasks by identifying the:

1. supervising physician,
2. healthcare tasks to be delegated to the PA,
3. agents who may supervise the PA when the supervising physician is not immediately available,
4. location where the PA may perform the delegated healthcare tasks, and
5. guidelines for the supervising physician's and physician agent's supervision of the PA.

First, in completing the notice of supervision, the PA must identify the physician who will supervise the PA's performance of healthcare tasks. In order for a physician to qualify as a supervising physician, the physician must have a full, unrestricted Arizona license, must actually treat patients and must have at least one location where he/she sees patients.

Second, the physician must list on the notice of supervision the healthcare tasks delegated to the PA. The physician may only delegate those tasks the physician actually performs. The PA may only perform the healthcare tasks listed on the notice of supervision (after receiving ARBOPA approval). If the physician wishes to delegate additional tasks, the physician must first file an amended notice of supervision and receive ARBOPA approval for the added delegated tasks.

The physician must identify his/her field and type of practice on the notice of supervision. "Field of practice" is the physician's specialty, such as pediatrics or surgery. The field of practice limits the health care tasks a physician may delegate and supervise. For example, if the physician is a pediatrician, the physician cannot delegate or supervise adult patient healthcare tasks. "Type of practice" is the practice setting, such as hospital or office. The practice setting may also further limit the healthcare tasks a physician may delegate or supervise. For example, if the physician does not have hospital privileges, the physician may not delegate hospitalist healthcare tasks to or supervise a PA who works in a hospital.

Third, the physician may choose to identify agents who will supervise the PA when the physician is not immediately available. While the Act does not require agents, a PA may only perform healthcare tasks when a physician approved by ARBOPA is available to supervise; therefore, SPs will usually identify at least one agent to supervise the PA when the SP is not immediately available.

Because the SP remains responsible for all acts of the PA even when the SPA supervises the PA, the physician should only choose as agents those physicians who will adequately supervise the PA. The PA can only perform those tasks delegated by the SP. The SPA, while supervising a PA, can restrict the PA's delegated tasks, but can never increase the delegated tasks. For example, if the SP delegates minor surgeries to the PA, but the SPA does not perform minor surgeries, then the PA cannot perform minor surgeries while supervised by the SPA. Conversely, if the SP does not delegate minor surgeries to the PA, then the SPA cannot allow the PA to perform minor surgeries even if the SPA performs minor surgeries.

To avoid limiting the PA's performance of healthcare tasks the physician should choose as an agent another physician in a similar field and type of practice. For instance, if the physician is a family medicine physician and chooses a pediatrician as the SPA, then when the SPA supervises the PA, the PA can only treat minors and would not be able to treat adult patients. Similarly, if the SP has hospital privileges, and the SPA does not, then the PA, while supervised by the SPA cannot see patients in the hospital.

Fourth, the physician must list on the notice of supervision all the practice locations where the PA will perform healthcare tasks. The PA can only practice at these locations. If the physician sees patients in more than one location, the physician must designate one place as the primary location for seeing patients. The PA may work at offices that are geographically separate from the physician's primary place for seeing patients as long as the physician provides appropriate supervision and receives ARBOPA approval.

Fifth, the physician must submit with the notice of supervision the guidelines the physician will use to ensure timely and adequate supervision. The agent must also submit guidelines if the agent's guidelines differ from those of the physician. The guidelines must specify how the physician and agent will address supervision issues such as geographic separation, differences in employment, unique business arrangements, weekly meetings and any other unique issues that may affect supervision.

As the NOS establishes who supervises the PA, the tasks the PA may perform, where the PA may perform these tasks and how the SP will supervise the PA, the physician and PA must carefully consider the content of the notice of supervision before submitting it to ARBOPA for approval. The SP and PA may not deviate from the NOS without filing and receiving ARBOPA approval of an amended notice of supervision.

IV. The Supervising Physician's Responsibilities for Physician Assistant Supervision

The SP is responsible for all aspects of the PA's patient care, including the PA's quality of care, professional conduct and practice setting. The SP must ensure the PA has the skills and ability to safely perform all delegated healthcare tasks and that the PA's skills remain current with the evolving scientific literature and standards of care. In addition to the responsibility for the PA's quality of care, the SP is also responsible for the PA's professional conduct, such as appropriate patient interaction and compliance with all laws governing the performance of health care tasks. The SP must monitor the PA's prescribing to ensure that it complies with the NOS and all laws and rules.

The SP is responsible for the quality of care the PA provides to all patients regardless of whether the SP has seen the patient. Appropriate supervision requires the SP review and discuss with the PA a number of charts based on the experience level of the PA, the duration of the working relationship, the practice environment, and as otherwise indicated by the standard of care. To meet this requirement the SP may choose to, for example, perform a daily chart review. The PA should discuss with the SP patients seen for complicated or recurrent unresolved problems either at the time of the patient visit or during the weekly meeting as determined by the SP. This discussion should be documented in the patient chart or in another record maintained by the SP and PA.

Sometimes, a PA may practice in locations that are geographically separate from the primary place where the SP sees patients. This creates challenges for the SP to ensure proper supervision. In light of these challenges, a SP must be particularly diligent in following the requirements for proper supervision, including responsibility for the PA's practice setting. Accordingly, in addition to all the other requirements of supervision, proper supervision in this circumstance requires the SP visit these locations frequently enough to determine whether they comply with the standards for cleanliness, patient privacy and other aspects of an appropriately maintained clinical office.

A SP may not supervise more than two PA's at the same time. If the SP wants more than two PAs to work at the same time, there must be at least one SP for every two PAs. A SP cannot use a SPA to supervise additional PAs to avoid this limitation.

V. The Supervising Physician Agent's Limited Role in Supervising Physician Assistants

The SP remains responsible for all aspects of the PA's patient care and conduct even when a SPA is supervising the PA. The SP is also responsible for the quality of supervision provided by an SPA. That the SP or the SPA does not employ the PA does not alter the requirements for appropriate PA supervision.

The Act authorizes a SPA to supervise a PA only when the SP is not immediately available. This legal condition greatly limits the SPA's role in supervising the PA, but it does not interfere with the PA's ability to consult with or work with the SPA. In some settings, such as large group practices, PAs routinely treat a SPA's patients as well as the SP's patients. It would not be in the patient's best interest to require the PA to discuss patient care only with the SP who may have no treatment relationship with the patient. Also, even if the SP is available, the PA may consult with another physician regarding patient care. For instance, a PA may discuss a patient's film studies with a radiologist who is neither the SP nor SPA. However, the SP remains responsible for supervision.

In settings where the PA has many SPAs, the PA must clearly document in every patient chart which SPA was supervising the PA's care of the patient when the SP was not immediately available. The SPA must act within the SPA's scope of practice and actually perform the tasks that the PA is performing under the SPA's supervision. A SPA, while supervising a PA, has the identical responsibilities as the SP; however, the SPA's acceptance of these responsibilities does not relieve the SP of these responsibilities.

VI. The Context of the Weekly Meeting

Supervising physicians and PAs must have at least one in-person weekly meeting to discuss patient management. As proof that the weekly meeting was indeed held, the SP should create a log containing the names of the patients discussed, the date, and the signature of the SP and PA. During the weekly meeting, the SP must discuss matters and review information necessary to sufficiently evaluate the PA's treatment of patients and the PA's general skills. The SP determines what must be discussed and reviewed during the weekly meeting. This includes discussing specific patient management, difficult or complex cases with recurrent or persistent unresolved problems, reviewing random or selected patient records and reviewing the PA's general medical knowledge and skills. During these weekly meetings, the SP must have access to the records of the patients discussed. During the weekly meeting, the SP and the PA do not need to discuss any patients that the SP and the PA discussed during the week or that they actually treated together. If the SP evaluates and collaborates in the treatment plan for each patient the PA treats during the week, the weekly meeting requirement is met and the SP and PA are not required to have an additional weekly meeting.

When the SP and PA cannot be physically in the same room for a weekly meeting, a live video conference or similar technology that allows for a face-to-face "in-person" discussion may be an adequate substitute; however, a telephonic conference or similar method that does not allow for a face-to-face discussion is not adequate. The remoteness of the office setting does not change the requirement for the weekly in-person meeting. The SP and the PA may

choose to meet at some location convenient to both the SP and the PA other than the office. When meeting outside the office, the SP and the PA must ensure they meet at a location where they can easily discuss patient care without compromising patient privacy. If the SP and PA decide to use an alternative to an in person meeting, this alternative must be submitted to and approved by ARBOPA.

If the PA has more than one SP for a single practice setting, then the PA only needs to meet with one of the SPs during the weekly meeting, assuming that the SP has the authority to supervise all of the healthcare tasks the PA performed during the week. For example, if the PA works for large group practice with two SPs who have the ability to oversee all the care provided to all the patients, then the PA need only meet with one of the two SPs each week. If the PA has two SPs for two unrelated practice settings, then the PA must meet separately with each SP each week. For example, if the PA works part-time at an urgent care facility with one SP and works part-time at a psychiatric care facility with a different SP, then the PA must meet separately with each SP each week.

A SPA can only cover weekly meetings when the SP is absent due to vacation, illness or continuing education. If the SP is absent for any other reasons the SPA must have prior ARBOPA approval to meet with the PA. If other reasons are anticipated that may cause a SP to be unavailable, these reasons can be identified in the supervision guidelines submitted with the NOS and receive prior ARBOPA approval.

VII. The Supervising Physician's and Physician Assistant's Employment and Business Relationships

Other than requiring notification when a Physician Assistant's employment is terminated, the Act is silent as to any requirements on the SP and the PA's employment or business relationship. Regardless of the employment or business relationship, that relationship may not interfere with the SP's ability to supervise the PA. This means that at all times the SP must have complete and unfettered access to the practice setting, the patients and the patient medical records.

Occasionally, the SP may not employ the PA, but different organizations may employ the SP and PA. These alternative employment arrangements do not change the basic requirements of the Act. Regardless of employment, a PA may not practice independently. All acts of the PA are subject to the SP's supervision, and employment arrangements never relieve the SP of these legal responsibilities. Therefore, the PA and the PA's employer must never interfere with the SP's supervision of the PA, and cannot at anytime restrict the SP's access to the patients, the patient's records or the facility. If these conditions are not met, the SP must withdraw as the PA's supervising physician.

Likewise, a PA may see patients at an office not owned by the SP, but instead owned and controlled by a third party. Regardless of the business or facility ownership, the SP remains responsible for all aspects of the care the PA provides in the office. If the owner of the practice space interferes with the SP's or PA's efforts to conform the practice to required standards, the SP cannot allow a PA to continue working in that practice location.

Regardless of the employment or business relationship, all patients the PA treats become the patients of the SP or SPA. Because the SP has personal responsibility for the care provided to the patients, the SP cannot allow any interference with his/her ability to supervise the PA.

Conclusion

The AMB and ARBOPA jointly produced these guidelines to provide guidance to physicians and physician assistants on complying with the Act. These guidelines will also help to communicate the legal requirements and expectations of physician supervision of physician assistants to the public and healthcare businesses. These guidelines do not replace, augment or change the Act, but provide clarity to the AMB's and ARBOPA's interpretations and applications of the Act.